

11/16/99

1588 U.S. PTO

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No. 27/150
First Named Inventor Solomon
Original Patent Number 5,688,651
Original Patent Issue Date 11/18/97
(Month/Day/Year)
Express Mail Label No.

11/16/99
JC675 U.S. PTO
09/441140

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS

ACCOMPANYING APPLICATION PARTS

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Specification and Claims (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Release Oath / Declaration (original or copy)
(37 C.F.R. § 1.175 (PTO/SB/51 or 52))
- ☐ Original U.S. Patent
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)
(PTO/SB/33 or PTO/SB/34)
Or
☐ Ribboned Original Patent Grant
☐ Affidavit / Declaration of Loss (PTO/SB/35)
- ☐ Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/33 or 34)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS/PTO-1449) ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☐ Small Entity Statement (if applicable) ☐ Statement filed in prior application.
Status still proper and desired (PTO/SB/12)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503;
(Should be specifically itemized))
- ☐ Other:

NOTE: FOR EACH ITEM IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEE, A SMALL ENTITY STATEMENT IS REQUIRED. (37 C.F.R. § 1.175) EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS REPLIED UPON (37 C.F.R. § 1.180)

14. CORRESPONDENCE ADDRESS

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| | |
|---------------------------------|--|
| NAME (Print/Type) Mark Friedman | Registration No. (Attorney/Agent) 33,883 |
| Signature | Date 14 NOV 99 |

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

27/150

Claims as Filed - Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
|----------------------------|-------------------------------------|-------------------------------------|------------------|--------------|-----|---------------------------|--------|----|
| | | | | Rate | Fee | Rate | Fee | |
| (A) 4 | Total Claims (37 CFR 1.18(i)) | (B) 87 | 83 = | x \$ 9 = | 747 | or | x \$ = | |
| (C) 1 | Independent Claims (37 CFR 1.18(n)) | (D) 24 | 39 = | x \$ = | 936 | | x \$ = | |
| Basic Fee (37 CFR 1.16(h)) | | | | | | | \$380 | \$ |
| Total Filing Fee | | | | | | \$2063 | OR | \$ |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|-------------------------------------|--------------------------------------|-------|--|--------------------------|--------------|-----|---------------------------|-------|
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.18(i)) | --- | MINUS | --- | = | x \$ = | or | x \$ = | |
| Independent Claims (37 CFR 1.18(n)) | --- | MINUS | --- | = | x \$ = | | x \$ = | |
| Total Additional Fee | | | | | | | \$ | OR \$ |

- * If the entry in (D) is less than the entry in (C), write "0" in column 3.
- ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, write "20" in this space.
- After any cancellation of claims
- If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).
- "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)

- ☒ Please charge Deposit Account No. 06-2140 in the amount of \$2,063.
A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-2140.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Nov. 14, 1999

Date

Signature of Applicant, Attorney or Agent of Record

Mark Friedman

Typed or printed name

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